

APPROPRIATE INDICATIONS: CORONARY AND CARDIAC CT

CLINICAL SCENARIO	FOR THESE INDICATIONS:	ORDER
NON-ACUTE SX (WITHOUT KNOWN HEART DZ)	•Low or Intermediate Pretest Probability <i>+/- ECG uninterpretable +/- can exercise</i>	CCTA
ACUTE or URGENT SX (WITHOUT KNOWN HEART DZ)	•Low or Intermediate Pre-test Probability <i>Negative, Non-diagnostic or Equivocal Biomarkers and/or ECG</i>	CCTA
New Onset CHF (WITHOUT KNOWN HEART DZ)	•LOW or INTERMEDIATE Pretest Probability	CCTA
SYMPTOMATIC PT	•Evaluate suspected coronary Anomalies	CCTA
PRE-OP NON-CORONARY CARDIAC SURGERY (WITHOUT KNOWN HEART DZ)	Intermediate Pretest Probability	CCTA
PRIOR STRESS TESTS	•CONTINUING OR WORSENING SYMPTOMS •DISCORDANT STRESS ECG / IMAGING •EQUIVOCAL STRESS IMAGING	CCTA
• CARDIAC MASS / THROMBUS • VALVULAR DISEASES • PERICARDIAL EVALUATION	•If limited info from Echo, TEE, or MRI (problem solving) •For Morphology and/or Function Calculation	Cardiac CT (no B-blocker or NTG)
CORONARY ARTERY BYPASS GRAFT MAPPING	Prior to Re-Do CABG (to assess positions and patency of bypass grafts- esp. LIMA)	CTA CHEST-BYPASS GRAFT
CORONARY CALCIUM SCORE	•Low-Intermediate Pretest Probability •Intermediate Pretest Probability •Diabetics >40 yr old	Coronary Calcium Scoring CT
CONTRAINDICATIONS to CORONARY CTA: (MOST ARE RELATIVE)	<ul style="list-style-type: none"> •Weight >300 lbs •Calcium Score >500 •Iodine (Contrast) allergy (and not pre-medicated) •Contraindication to B-blocker, NTG •Severe Asthma or COPD •AFIB 	

Adapted from:
Taylor AJ, et al. Circulation 2010 (21) pp. e525-55